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verified com

** CONTINUING DATA *****

none KDM

** FOREIGN APPLICATIONS *****

none KDM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

12/06/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 3	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Kristen Miller</i> Examiner's Signature Initials				

ADDRESS

28863

TITLE

Internal medical device communication bus

FILING FEE RECEIVED 1834	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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